



Date: _____

DSA file #: _____

Project Name: _____

Application #: _____

Enter the names of all individuals who will provide special inspection services for each specific type of special inspection required on the subject project. If responsibilities change, or additional inspectors are assigned, this form must be amended and resubmitted. When more than one individual will perform inspections in the same category attach a description of the portion of the work that each individual will inspect. Attach additional pages as needed.

Placement and Grouting of Masonry

Name of special inspector

DSA Certificate Number

Name of alternate special inspector

DSA Certificate Number

Shop Welding of Structural Steel

Printed name of special inspector

AWS Certificate Number

Printed name of alternate special inspector

AWS Certificate Number

Field Welding of Structural Steel

Printed name of special inspector

AWS Certificate Number

Printed name of alternate special inspector

AWS Certificate Number

Other: _____

Printed name of special inspector

Certificate Number

Printed name of special inspector

Certificate Number

I have verified that all inspectors named on this form (including ____ pages, attached) are appropriately qualified and have the experience and abilities to perform the special inspections indicated.

Printed name of Laboratory Engineer

Signature of Laboratory Engineer

date signed

**DRAFT #1.2 – DO NOT
DISTRIBUTE**